

**CAMPER'S REGISTRATION**Female Male

Name \_\_\_\_\_ Age \_\_\_\_\_

- New Camper  Return Camper  
 Beginner  Intermediate  Advanced

**NOTE:** Separate registration required for each camper.**PARENT/GUARDIAN 1****PARENT/GUARDIAN 2**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**CAMP DATES 2021:** Please check the week(s) your child will attend.

- WEEK 1: April 26- April 30  
WEEK 2: June 21 – June 25  
WEEK 3: June 28 – July 2  
WEEK 4: July 5 –July 9  
WEEK 5: July 12 – July 16  
WEEK 6: July 19 – July 23  
WEEK 7: July 26 – July 30  
WEEK 8: August 2 – August 6  
WEEK 9: August 9 – August 13  
WEEK 10: August 16 – August 20  
WEEK 11: August 23 – August 27

**PAYMENT SCHEDULE**

A \$50 deposit per week or payment in full for each week reserved is required with registration. **After April 9<sup>th</sup>** payment in full is required with registration and all final payments are due. **We will accept registrations right up to the start of any week providing there are openings.**

**TUITION & MISCELLANEOUS DUE**

- Weekly Camp @ \$295 x Number of Weeks = \_\_\_\_\_  
Season Pass @ \$2,145 = \_\_\_\_\_  
Camp Hat @ \$15 ea x Qty = \_\_\_\_\_  
Camp Golf Shirt Unisex @ \$25 ea x Qty = \_\_\_\_\_  
Small Medium Large XLarge  
Club Rentals @ \$30 per week x Number of Weeks = \_\_\_\_\_

**TOTAL** \_\_\_\_\_**WAIVER AND RELEASE**

I have adequate medical insurance coverage, and give my daughter/son permission to attend the Foster's Golf Camp. We (or I) agree to indemnify the golf courses attended, their employees, Foster's Golf Camp and its instructors, for any claim which may hereafter be presented by my daughter/son as a result of such injuries. In addition, our daughter/son understands all the rules and regulations of Foster's Golf Camp and promises to conform to such rules. I authorize Foster's Golf Camp to photograph and/or videotape my daughter/son for use in publications and/or website. I hereby authorize Ted Foster and/or instructors to act in my behalf, using the best judgment in any emergency requiring medical attention other than that maintained by the camp I will be responsible for any charges incurred and will pay such charges arising from the medical care of my child.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Send registration & payment to:** Fosters Golf Camp~ 240 Tory Rd Manchester, NH 03104**Please note:** Given the limited space all sales are final and deposits are non-refundable.**THE ULTIMATE JUNIOR GOLF EXPERIENCE! CELEBRATING 28 YEARS!**[www.fostersgolfcamp.com](http://www.fostersgolfcamp.com)